

Fill in this information to identify the case:Debtor name Cypress Creek Emergency Medical Services AssociationUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 4:21-bk-33733

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
2.1 Capital Bank Creditor's Name P.O. Box 24337 Houston, TX 77229-4337 Creditor's mailing address alackey@capitalbanktx.co m Creditor's email address, if known Date debt was incurred Last 4 digits of account number	\$0.00 Unknown collateral returned	
Describe debtor's property that is subject to a lien Ambulance		
Describe the lien Ambulance Loan		
Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
As of the petition filing date, the claim is: Check all that apply		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
2.2 Frost Bank Creditor's Name 600 W. Sam Houston Pkwy. N. Ste. 730 Houston, TX 77024 Creditor's mailing address kdickson@fmurray-lobb.com Creditor's email address, if known Date debt was incurred 2011 Last 4 digits of account number	\$0.00 \$6,000,000.00 paid in full	
Describe debtor's property that is subject to a lien Headquarters: 711 Five Forks Dr., Spring, TX 77379. (Net book value below does not include buildings.)		
Describe the lien Mortgage		
Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
As of the petition filing date, the claim is: Check all that apply		

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<input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$0.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Kyle Dickson, Murray and Lobb, 2200 Space Park Dr. # 350, Houston, TX 77058

Line 2.2

Fill in this information to identify the case:Debtor name Cypress Creek Emergency Medical Services AssociationUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 4:21-bk-33733

Check if this is an
amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address AARON CASTRO 25186 Dickens Drive Magnolia, TX 77355	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$623.22 \$623.22 <i>(originally scheduled at \$527.34)</i>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Abigail Alley 12906 Timberland Trce Houston, TX 77065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$207.06 \$207.06 <i>(originally scheduled at \$118.32)</i>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.3	Priority creditor's name and mailing address Abigail Balkin 5927 Almeda Rd # 21311 Houston, TX 77004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$868.91 \$868.91 (originally scheduled at \$776.48)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Amber Hullum (Ables) 25043 MountClair Hollow Lane Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$126.07 \$0.00 (originally scheduled at \$1873.19)
	Date or dates debt was incurred	Basis for the claim: expense reimbursement	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Andrew Walls 15064 Meadow Glen North Conroe, TX 77306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00 (originally scheduled at \$827.645)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address CALEB BICE 16223 CHAMPIONS DRIVE Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,719.30 \$1,719.30 (originally scheduled at \$1502.29)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.7	Priority creditor's name and mailing address CAROL MILLER 6711 RIVER LODGE Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,647.48 \$13,647.48
		<input type="checkbox"/> Contingent	(originally scheduled at \$13,287.73)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Christopher Boyer 118 Hardy Bottom RD Huntsville, TX 77340	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$977.60 \$977.60
		<input type="checkbox"/> Contingent	(originally scheduled at \$873.60)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address DANA GARCIA 11927 CYPRESS CREEK LAKES DRIVE Cypress, TX 77433	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,139.01 \$4,139.01
		<input type="checkbox"/> Contingent	(originally scheduled at \$0)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address DONNA DOUGLASS 21350 Russell Chase Dr Porter, TX 77365	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,479.63 \$12,479.63
		<input type="checkbox"/> Contingent	(originally scheduled at \$12,175.49)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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2.11	<p>Priority creditor's name and mailing address ERIC BARNES 1418 WEST WELLSFORD DR Spring, TX 77386</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$10,007.73 \$10,007.73</p> <p>(originally scheduled at \$9,729.70)</p>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	<p>Priority creditor's name and mailing address FAWNA ABEL 10924 GRANT ROAD #335 Houston, TX 77070</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$3,345.26 \$3,345.26</p> <p>(originally scheduled at \$3126.47)</p>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	<p>Priority creditor's name and mailing address Gillian Gennaro Tessier 23719 Plantation Pines Lane Tomball, TX 77375</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$3,020.80 \$3,020.80</p> <p>(this is a supplement)</p>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	<p>Priority creditor's name and mailing address James Burton 7006 White Tail Drive Spring, TX 77379</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$0.00 \$0.00</p> <p>(originally scheduled at \$602.63)</p>
	Date or dates debt was incurred from 8/8/21 thru petition date	Basis for the claim: underpayment to employee due to his incorrect "clocking in"	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.15	Priority creditor's name and mailing address JESSICA REESE 156 Buckthorn Acres Drive Huntsville, TX 77340	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,514.95 \$2,514.95 <small>(originally scheduled at \$2318.25)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address JOHN FINK 2407 EAST VILLAGE GREEN CIRCLE Conroe, TX 77304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,743.44 \$2,743.44 <small>(originally scheduled at \$2589.37)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address Jonathan Stevens 30 Tethered Vine Place The Woodlands, TX 77382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,883.51 \$2,883.51 <small>(originally scheduled at \$2716.35)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address JORDAN YOUNG 30926 PRIMROSE LANE Magnolia, TX 77354	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$446.24 \$446.24 <small>(originally scheduled at \$251.01)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.19	Priority creditor's name and mailing address Jose Iquique 8502 Lake Crystal Dr Houston, TX 77095	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$949.40 \$949.40
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$852.44)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.20	Priority creditor's name and mailing address JOSHUA FOREST 1304 CLINTON ST Plattsmouth, NE 68048	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,665.44 \$3,665.44
		<input type="checkbox"/> Contingent	(originally scheduled at \$3488.08)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.21	Priority creditor's name and mailing address Joshua Melvin 21663 Village Circle Porter, TX 77365	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$529.24 \$529.24
		<input type="checkbox"/> Contingent	(originally scheduled at \$437.86)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.22	Priority creditor's name and mailing address KAMRON GREER 33307 ALTON WRIGHT DR Magnolia, TX 77355	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,502.66 \$3,502.66
		<input type="checkbox"/> Contingent	(originally scheduled at \$3337.18)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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2.23	Priority creditor's name and mailing address KARL MOORE 3218 MEADOW BAY LANE Dickinson, TX 77539	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,933.76 \$2,933.76 (originally scheduled at \$2750.40)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address LYMAR CROCKETT 130 COVINGTON COURT Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,822.47 \$4,822.47 (originally scheduled at \$4610.16)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address Mackenzie Traynor 10039 Elkwood Glen Lane Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 \$0.00 (originally scheduled at \$655.62)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address MARK LARSON 623 Springwood Dr Conroe, TX 77385	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,648.56 \$3,648.56 (originally scheduled at \$3432.12)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.27	Priority creditor's name and mailing address Mayra Whitley 15615 Forest Run Drive Cypress, TX 77433	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,097.90 \$2,097.90
		<input type="checkbox"/> Contingent	(originally scheduled at \$2004.66)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address MEREDITH CABRERA 15735 OAK MOUNTAIN DR Houston, TX 77095	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$865.92 \$865.92
		<input type="checkbox"/> Contingent	(originally scheduled at \$703.56)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address MICHAEL GARCIA 1314 SPRING FOREST WAY Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,426.00 \$6,426.00
		<input type="checkbox"/> Contingent	(originally scheduled at \$6273)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address Nathan Hennigs 2462 Harmony Valley Lane Spring, TX 77386	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$868.91 \$868.91
		<input type="checkbox"/> Contingent	(originally scheduled at \$780.17)
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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2.31	Priority creditor's name and mailing address NICHOLAS CARVALHO 25618 TOWER SIDE LN. Katy, TX 77494	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,392.88 \$6,392.88
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$622.96)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.32	Priority creditor's name and mailing address Orlando Pereira 8107 Rushing Stream Court Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$901.32 \$901.32
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$808.08)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.33	Priority creditor's name and mailing address RICARDO RIVERA 16507 NORTH MIST Houston, TX 77073	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,681.45 \$3,681.45
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$3426.93)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.34	Priority creditor's name and mailing address RICHARD MONTES 1911 TREASURE MOUNTAIN DRIVE Spring, TX 77388	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,114.31 \$1,114.31
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$943.97)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Cypress Creek Emergency Medical Services Association	Case number (if known)	4:21-bk-33733
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2.35	Priority creditor's name and mailing address RUSSELL WRIGHT 6800 GASTON RD. #4110 Katy, TX 77494	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$557.38 \$557.38
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$454.48)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address STEVEN BEESLEY 22003 GALAPAGOS CT Katy, TX 77449	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,335.00 \$4,335.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$4794.)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address Tato Rodriguez 245 FM 1488, # 2005 Conroe, TX 77384	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,327.62 \$3,327.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$3145.70)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address TESSA VAN HEUVELN 8206 CROSS SPRINGS CT Houston, TX 77095	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$937.13 \$937.13
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$784.13)
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Cypress Creek Emergency Medical Services Association	Case number (if known)	4:21-bk-33733
2.39	Priority creditor's name and mailing address THERESA RIVERA 706 BALCH SPRINGS Spring, TX 77373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,300.11 \$7,300.11 (originally scheduled at \$7114.12)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address TIMBER HASELOW 16903 LOCKFORD LANE Houston, TX 77073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,748.96 \$5,748.96 (originally scheduled at \$5581.92)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address TRAVIS OVERTON 2111 HOLLY HALL ST, 1208 Houston, TX 77054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,325.65 \$5,325.65 (originally scheduled at \$5174.03)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address TRYSTAN FORET 13207 FOREST KNOLL Houston, TX 77049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,565.81 \$2,565.81 (originally scheduled at \$2406.69)
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Cypress Creek Emergency Medical Services Association	Case number (if known)	4:21-bk-33733
2.43	Priority creditor's name and mailing address WILLIAM ROBERTS 480 BRANDON RD Conroe, TX 77302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,073.84 \$5,073.84 <small>(originally scheduled at \$4885.92)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.44	Priority creditor's name and mailing address WILLIAM TOUCHECK 12101 NORTHPONTE BLVD # 6101 Tomball, TX 77377	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,112.40 \$4,112.40 <small>(originally scheduled at \$3846.81)</small>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Part 2: List All Creditors with NONPRIORITY Unsecured Claims			
3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.			Amount of claim
3.1	Nonpriority creditor's name and mailing address AFLAC 1932 Wynton Rd Columbus, GA 31999	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 <small>(originally scheduled as \$3230.54)</small>
	Date(s) debt was incurred _____	Basis for the claim: <u>insurance</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address APS Building Services PO Box 40447 Houston, TX 77240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,406.32 <small>(originally scheduled as \$3498.50)</small>
	Date(s) debt was incurred _____	Basis for the claim: <u>6185 - Station Maintenance & Repair</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address AT&T PO 5019 Carol Stream, IL 60197-5019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$7,000.00 <small>(originally scheduled as \$1954.61)</small>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.5	<p>Nonpriority creditor's name and mailing address Bessee Medical 9075 Centre Pointe Dr. #140 West Chester, OH 45069</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>(originally scheduled at \$3230.54)</p> <p>Basis for the claim: <u>6121 - Medical Supplies</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address Beyond Lucid Technologies Inc 1320 Willow Path Road Ste 642 Concord, CA 94520</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$945.00</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>(originally scheduled on Schedule G)</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p>Nonpriority creditor's name and mailing address Caleb Jordan 71 N. Dragonwood Place Spring, TX 77381</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53.80</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>(originally scheduled only on Schedule E)</p> <p>Basis for the claim: <u>expense reimbursement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<p>Nonpriority creditor's name and mailing address Centerpoint Energy P.O. Box 4981 Houston, TX 77210-4981</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>0127</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>(originally scheduled at \$116.68)</p> <p>Basis for the claim: <u>6202 - Utilities Expense</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<p>Nonpriority creditor's name and mailing address CoAEMSP 8301 Lakeview Parkway Ste 111-312 Rowlett, TX 75088</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>(this is a supplement)</p> <p>Basis for the claim: <u>accreditation for health education program</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<p>Nonpriority creditor's name and mailing address Comcast PO Box 60533 City of Industry, CA 91716</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,314.57</p> <p><input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>assumed and assigned to OneMain</p> <p>Basis for the claim: <u>6191 - Telephone</u></p> <p><u>utility account #s 0606473, 0605263, 1501701, 0827040, 0070658, 0890812, 1421163</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.11	Nonpriority creditor's name and mailing address Comcast Business PO Box 8587 Philadelphia, PA 19101-8587	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number <u>1770</u>	<input type="checkbox"/> Unliquidated	(originally scheduled at \$1420.30)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6191 - Telephone</u>	
		(contract assumed and assigned to OneMain Development LLC)	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address Conroe Commercial Door Solutions 324 Rogers Willis, TX 77378	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$450.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Cypress Creek Pest Control 8722 Rockmore Dr Houston, TX 77068	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$315.85
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled \$255.35)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6185 - Station Maintenance & Repair</u>	
		vendor <u>account #s 804750, 900528, 900522, 900527, 895762</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Enviro-Master of Houston PO Box 1235 Charlotte, NC 28220	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24,859.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled as \$20,064.00)
		<input type="checkbox"/> Disputed	(this has been paid in order to expedite the FEMA collection)
		Basis for the claim: <u>1152 - FEMA COVID</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address ESO Solutions, Inc. 11500 Alterra Pkwy #100 Austin, TX 78758	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,164.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled as \$12,595.52)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>1158 - Prepaid Expense</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Eugene Barkley 10703 Elm Dale Drive Houston, TX 77070	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$250.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address FCPC Management LLC c/o The Corner Vet - Champions PO 5645 Katy, TX 77491	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$50.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>uncleared check</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.18	Nonpriority creditor's name and mailing address Galls, LLC PO Box 71628 Chicago, IL 60694-1628	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$154.39
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(originally scheduled at \$2917.60)
	Last 4 digits of account number _____	Basis for the claim: <u>6200 - Uniforms- Staff</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address Grapevine Police Department Attn: Captain Gidney 1007 Ira E Woods Ave Grapevine, TX 76051	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,300.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(this is a supplement)
	Last 4 digits of account number _____	Basis for the claim: <u>prepaid tacitcal class that was cancelled</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Handtevy Pediatric Emergency Standards 11870 State Rd 84 Ste. C5 Fort Lauderdale, FL 33332-5000	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$652.64
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(originally scheduled at \$2185.45)
	Last 4 digits of account number _____	Basis for the claim: <u>1158 - Prepaid Expense</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Harris Co. MUD #24 P.O. Box 2569 Spring, TX 77383-2569	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$582.41
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(originally scheduled at \$354.66)
	Last 4 digits of account number _____	Basis for the claim: <u>6202 - Utilities Expenses</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Harris County Emergency Corps 2800 Aldine Bender Rd Houston, TX 77032	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$324.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(this is a supplement)
	Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Harris County MUD # 26 PO Box 1689 Spring, TX 77383	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(originally scheduled at \$25.12)
	Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Harris County MUD 230 PO Box 690406 Houston, TX 77269	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	(originally scheduled at \$50.18)
	Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.25	Nonpriority creditor's name and mailing address Harris County Radio Services a/k/a Harris County 2318 Greens Rd Houston, TX 77032	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,587.10
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	(originally scheduled at \$3120)
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6191 - Telephone</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address Health Care Logistics Inc. PO Boxs 400 Circleville, OH 43113-0400	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$264.27
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	(this is a supplement)
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Hi-Line Inc. PO Box 972081 Dallas, TX 75397-2081	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$430.03
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	(originally scheduled at \$62.50)
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6211 - Vehicle Preventative Maint</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address Hurt Company Attn: RelaDyne PO Box 958427 Saint Louis, MO 63195-8427	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,964.26
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u>6011 - Late Fees/Finance Charges</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Jaguar Fueling Services, LLC 8515 E. Northbelt Humble, TX 77396	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21,249.74
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	(originally scheduled at \$20,740.36)
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6210 - Vehicle Fuel (10,479.51)</u> <u>6211 - Vehicle-Preventative Maint (2014.50)</u> <u>(we dispute anything over 21,249.74)</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address James Thorne 18202 Willow Court Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$87.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Keith Lancaster 17422 Valley Palms Drive Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$55.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.32	Nonpriority creditor's name and mailing address Lake Forest, UD PO Box 3264 Houston, TX 77253-3264	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$91.29)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: 6202 - Utilities Expense	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address Legal Shield PO Box 2629 Ada, OK 74821	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$896.20)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Lisa Mayhew 50 Twinturn Drive Brewster, MA 02631	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,300.00
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: canceled tactical class	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address Little York Fire Department 10410 Airline Drive Houston, TX 77037	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$425.00
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address Luisa LaFuente 16347 Wild Oak Lane Conroe, TX 77302	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.00
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address McKinney Taylor PC Three Riverway, Ste. 900 Houston, TX 77056	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,252.50
		<input type="checkbox"/> Con ingent	
		<input type="checkbox"/> Unliquidated	(originally scheduled at \$467.50)
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: 6112 - Legal	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address Melody Barlow 13203 Regency Oak Lane Cypress, TX 77429	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Con ingent	
		<input checked="" type="checkbox"/> Unliquidated	(this is a supplement)
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.39	Nonpriority creditor's name and mailing address Memorial Herman Sports Medicine 27700 Northwest Fwy Ste 130 Cypress, TX 77433	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,877.80
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$10,134)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address Mobile Electric Power Solutions PO 550248 Dallas, TX 75355	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,161.74
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	Nonpriority creditor's name and mailing address Mobile Modular Portable Storage POB 45043 San Francisco, CA 94145	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44.16
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	(this is a supplement)
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address MP2 Energy Texas n/k/a Shell Energy PO Box 733560 Dallas, TX 75320-2829	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17,675.97
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this was originally scheduled as \$9290.52)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	Nonpriority creditor's name and mailing address National Pen Company PO Box 847203 Dallas, TX 75284-7203	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$377.90
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	(this is a supplement)
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address Nealy, Wren	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled as #2336.47)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Claim released as part of ESD11 litigation</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	Nonpriority creditor's name and mailing address Northwest Communications 10810 Barely Lane Ste B Houston, TX 77070	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$825))
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.46	Nonpriority creditor's name and mailing address Paycomm 820 Gessner Rd Ste. 1500 Houston, TX 77024	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47	Nonpriority creditor's name and mailing address Phu Nguyen 5143 Kylie Springs Lane Houston, TX 77066	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,595.04
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	Nonpriority creditor's name and mailing address Planet Ford PO Box 2809 Spring, TX 77383	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$1547.60)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6211 - Vehicle-Preventative Maint.</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	Nonpriority creditor's name and mailing address Platinum Educational Group 4370 Chicago Drive Ste B #205 Grandville, MI 49418	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$475)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>6041 - Educational Expense</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	Nonpriority creditor's name and mailing address Ponderosa Forest District PO 1689 Spring, TX 77383	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$39.94
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$70.86)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address Sandra Patlan 2339 Autumn Springs Lane Spring, TX 77373	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Refunded canceled CPR class</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address Shred-It USA- Houston 28883 Network Place Chicago, IL 60673-1288	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$263.50
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.53	Nonpriority creditor's name and mailing address Siemen's Healthcare Diagnostics 511 Benedict Ave Tarrytown Tarrytown, NY 10591-5005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: "1140 - Misc Receivable" Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,351.00
3.54	Nonpriority creditor's name and mailing address Sparklets and Sierra Springs PO Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6186 - station supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,502.14
3.55	Nonpriority creditor's name and mailing address Stericycle, Inc. PO Box 6575 Carol Stream, IL 60197-6575 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6121 - Medical Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,364.56
3.56	Nonpriority creditor's name and mailing address Stryker Sales Corporation a/k/a Stryker Medical c/o Miller Canfield Att: Daniel Anderson 277 S. Rose Street Kalamazoo, MI 49007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6121- Medical Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,232.65
3.57	Nonpriority creditor's name and mailing address TASC PO Box 8278 Milwaukee, WI 53288 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Texas Prestige Cleaning Service LLC 2508 Franklin Woods Drive Conroe, TX 77304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,193.33
3.59	Nonpriority creditor's name and mailing address Transunion Risk and Alternative Data Sol PO Box 209047 Dallas, TX 75320-9047 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Con ingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6055 - Background Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.33

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3.60	Nonpriority creditor's name and mailing address United Parcel Service PO Box 650116 Dallas, TX 75265	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$143.08
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$4680)
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address Valerie Avila 20222 Ash Glen Court Spring, TX 77388	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$248.18
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address Verizon PO Box 660108 Dallas, TX 75266-0108	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$156.83
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address Voice Language Services Inc. PO Box 74008101 Chicago, IL 60674-8101	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.94
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled at \$3.42)
		<input type="checkbox"/> Disputed	
	Basis for the claim: 6191 Telephone		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address Weaver and Tidwell LLC 2821 West 7th Street Ste 700 Fort Worth, TX 76107	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,790.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(this is a supplement)
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address Xerox Business Solutions PO Box 205354 Dallas, TX 75320-5354	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,501.70
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	(originally scheduled only on Schedule G)
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address XL Parts PO Box 736201 Dallas, TX 75373-6201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$917.91
	Date(s) debt was incurred _____	<input type="checkbox"/> Con ingent	(originally scheduled at \$917.91)
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: 6211 Vehicle-Preventative Maint.		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

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If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AT&T c/o Bankruptcy 4331 Communications Dr Flr 4W Dallas, TX 75211	Line <u>3.4</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.2	Harris County Radio Services Accounts Receivable Dept 200 PO Box 4354 Houston, TX 77210-4354	Line <u>3.25</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.3	Memorial Herman Sports Medicine 2956 Interstate 45 N Ste 500 Conroe, TX 77303	Line <u>3.39</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.4	MP2 Energy 3 Waterway Place #110 Spring, TX 77380	Line <u>3.42</u>	-
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts
5a. \$ 141,434.33

5b. Total claims from Part 2

5b. + \$ 202,771.39

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 344,205.72

United States Bankruptcy Court
Southern District of Texas

In re Cypress Creek Emergency Medical Services Association Case No. 4:21-bk-33733
Debtor(s) Chapter 11

DECLARATION CONCERNING DEBTOR'S AMENDED SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chief Restructuring Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing, consisting of 24 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date October 12, 2022

Signature J. Patrick Magill
J. Patrick Magill (Oct 13, 2022) 10:41 CDT
J Patrick Magill
Chief Restructuring Officer

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.